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| CLAIMS ONLY | Application Number: 10-66023 | Filing Date: |
| | Applicant(s): | |

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 3 | | | | | |
| Total Depend | 23 | | | | | |
| Total Claims | 26 | | | | | |

| May be used for additional claims or amendments | | | | | | |
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| | Indep | | Depend | | Indep | |
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| Total Indep | | | | | | |
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